



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Central Regional Hospital**

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Michael F. Easley, Governor
Dempsey Benton, Secretary
Michael S. Lancaster, M.D., and
Leza Wainwright, Directors

Michael S. Lancaster, M.D.
Interim Hospital Director

August 25, 2008

MEMORANDUM

TO: Secretary Dempsey Benton

FROM: Michael S. Lancaster, M.D. *Michael S. Lancaster*

RE: **Completion of Merger of DDH with JUH at CRH**

I am writing to inform you of the steps that have been taken to assure the safety and security of Central Regional Hospital's (CRH) patients and staff in anticipation of the completion of the merger. As you are aware there were conditions of safety and security that I assured you had been met prior to the move of patients and staff from John Umstead Hospital (JUH). This was done and you concurred with the move.

The residents and staff of John Umstead Hospital successfully moved to Central Regional Hospital the week of July 21. This move was authorized after a full review by DHHS that supported the facility met all standards for occupation as a health care facility according to the guidelines set forth by CMS and reviewed by DHHS. In addition on July 18 an independent reviewer, Dr. Joel Dvoskin hired by Disability Rights North Carolina, toured the facility and reviewed multiple documents related to the safety of the facility and the proposed treatment planning. His charge in the review was described by him "to offer an opinion as to whether or not the facility was safe for immediate patient occupancy". His concluding remarks noted: "No mass movement of patients is without risk, but in my opinion the people of North Carolina can rest assured that the logistics of the transfer of patients were carefully planned and did not seem to me to be likely to put anyone at unnecessary risk of harm. Finally, based on the aspects of the hospital I was able to review, the physical plant did not pose undue safety or suicide risks". In addition, Dr. Dvoskin offered several helpful observations and recommendations that were incorporated into our planning.

In preparation for the completion of the merger of moving Dorothea Dix Hospital (DDH) to Central Regional Hospital, we have made efforts to assure that you are able to find that CRH is in compliance with Joint Commission on the Accreditation of Healthcare

Organizations (JCAHO) standards for accreditation. A discussion with JCAHO representatives regarding this matter determined that a review of our new CRH policies, medical staff by-laws, and credentialing procedures was necessary prior to a further discussion with them. Their review was completed and a letter on August 5 from Mr. Steve Misenko, Associate Director, Accreditation and Certification Operations for JCAHO indicated: "It is evident that the appropriate structure is in place to allow for a successful transition". Further in the same letter, he states "It is not reasonable to review the facility before the transition is complete as much of the on-site evaluation relies on all aspects of the two hospitals functioning together as one".

In addition, an unscheduled review of the facility by DHSR based on three complaints they had received resulted in no findings. The specific complaints had already been identified and addressed well prior to the DHSR visit.

It is a concern that the current necessity to sustain two separate hospitals during this period of extended transition decreases the quality of care at both facilities. As you are aware, the treatment planning for patients at CRH relies heavily on a combined treatment staff to provide adequate coverage and a full range of treatments. While there have been issues that we have addressed at CRH and will continue to address as a result of the transition to a new building and new technology, we feel confident none of these issues pose a significant risk to patients or staff. Our greater concern is the ongoing effort to support two independent facilities when program staffing and treatment models depend on these two facilities being merged together.

I am satisfied that the requirements of legislation have been met and that it is essential that the move to complete the merger continue forward. I propose to you that at this time the Department should begin developing specific plans for completion of the merger of Dorothea Dix Hospital and John Umstead Hospital into the new Central Regional Hospital. The indication from all external sources is that to proceed with this merger is not only safe, but poses fewer risks than leaving the facilities as separate entities. The letter from JCAHO suggests they would not be able to adequately review the facility for accreditation until after the merger is complete.

Thank you for your careful consideration and determination that Central Regional Hospital can proceed with completion of the planned merger between John Umstead and Dorothea Dix